

Status: Finalized

I. Center Identification

Organization Name: CENTRAL INDIANA SURGERY CENTER

Street Address: 9002 North Meridian Street

City: Indianapolis

County: IN

Administrator Name: Vickie McCullough

Administrator Email: vickiemccullough@cinsc.com

ASC Web Address:

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	0	

III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	2037	2335	
B. Ten Most Frequent Surgical Procedures Perfo	ormed	Total Procedures	
66984		1052	
65756		558	
66982		206	
67036		107	

66999	90
66986	61
66825	49
65710	46
65755	41
65400	17

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	